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MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE 1/29/74
XX
HEALTH RESOURCES ADMINISTRATION
BUREAU OF HEALTH SERVICES RESEARCH
DATE: January 29, 1974

TO : Matt Spear

FROM : Roland L. Peterson 

SUBJECT: Pilot Arthritis Centers Planning and Programming

This is just an attempt to set down some random thoughts I've had re this subject. Their incomplete and some indeed may be half-baked, but perhaps they'll be of some small use at our two o'clock meeting today.

A. Assumptions and Constraints: There are a number of programmatic assumptions and constraints that have to be made explicit and examined. For example, that:

1. The \$4.5 million in earmarked funds will indeed be released.
2. They will have to be obligated, awards made by June 30, 1974 since they are FY74 funds.
3. Duration of awards will be limited to 12 months (e.g., 7/1/74 - 6/30/75). This one especially needs to be looked at critically.

B. Major Issues and Questions: There also are a number of programmatic issues and questions that need to be specifically addressed and, hopefully, some agreement or consensus reached as a result of the February 9 meeting. Among them:

1. What is to be our definition of an "arthristis center" (or "comprehensive arthritis program") for this purpose?
2. What are some critical needs in the field that can begin to be exploited in the short-run (e.g., one year)? To put it another way, what makes the most programmatic sense given the fund and time limitations?
3. How is the programming and funding of these centers/programs to be carried out? More specifically -
 - a. thru the RMPs or directly?

b. very selectively or more broadly?

c. by grants or contracts?

4. Is there a prominent place for public/patient education in any such program?
5. If post-graduate training of physicians and others is one critical need that possibly could be addressed, do any of our "antique" policies in this regard need to be waived or modified?
6. To what extent, if any, will payment of patient/hospital costs be required for training, research, or demonstration purposes?
7. What is the prognosis for passage of the Cranston arthritis bill this session? And does the kind of program and support envisaged by it provide any kind of target towards which RMP-supported activities might be aimed in terms of continuation support? (My guess on both is "No.")

C. February 9 Meeting: In addition to the substantive agenda for this meeting, there are some other details that need to be attended to. These include:

1. RMPS staff attendance in addition to Bob and yourself.
2. Are there any agencies/programs other than RMPS from whom it might be desirable to have representatives (e.g., NIAMDD, SRS).
3. Who will chair the meeting?
4. Do we need to bring Gene Rubel and/or Dr. Greene aboard before then?

D. Post-Meeting Tasks: There obviously are a large number of tasks, things that we must embark upon and complete rather quickly following the meeting. (Some probably can be begun now.) For example:

1. Putting together a small, in-house working group to provide inputs, serve as a sounding board, and help Bob and you with the actual work required. (The meeting you've called this afternoon is a good start.)
2. Development of substantive guidelines and instructions for submission of requests, including the criteria to be used in reviewing them.

3. Establishment of an ad hoc review process and group.
4. Appropriate presentations to the coordinators steering committee at its February 11 meeting and our Council on the 12th.
5. Determination as to what SRS and SSA tie-in's on the rehabilitation and financing aspects of the program might be called for.

In closing, let me reiterate what I said on the phone. This memo is intended to compliment yours of January 24 to Bob. That memo lays out a number of things relative to a meeting agenda, critical questions, and possible options that provide a framework and checklist for our session today as well.